



Notice of Independent Review Decision
Corrected Report

DATE OF REVIEW: 08/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient transforaminal epidural steroid injection at left L4/L5 and L5/S1 under fluoroscopy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Duly licensed physician in the State of Texas, D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, practicing Pain Management for over 20 years

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	ESI		Prosp.				Xx/xx/xx		Upheld

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx when she fell off a bench she was sitting on. She presented to the chiropractor on xx/xx/xx with complaints of moderate lumbar pain. Straight leg raising test was negative for radiculopathy. The claimant was diagnosed with a lumbar strain and recommended to begin chiropractic therapy. The claimant’s own assessment of pain and pain diagram were filled out on 09/14/07 in which she complained of “middle to lower back pain.” Her pain diagram did not include any indication of pain anywhere other than the lumbosacral region bilaterally. This pain diagram pattern persisted.

On 09/21/07 a lumbar MRI scan was performed, demonstrating a “minor” L4/L5 disc bulge and a central L5/S1 disc bulge with dehydration and bilateral foraminal stenosis. No spinal cord or nerve root compression was noted.

On 09/24/07 the claimant was evaluated and a complaint of lumbar pain and denial of “any pain radiating to the lower extremities” as well as of “any numbness, tingling, or weakness” was noted. Physical

examination documented normal motor strength, normal sensation, and normal reflexes in the lower extremities. The claimant was started on Motrin and Klonopin.

A physician evaluated the claimant one day later on 09/25/07, documenting lumbar pain with numbness and tingling in the left lower extremity, despite the evaluation one day previously in which he documented the claimant's denial of any such symptomatology.

On 10/11/07 the claimant underwent a neurosurgical evaluation. He documented the claimant's complaint of "localized lumbar spine pain" with denial or "any pain or weakness into her lower extremities." The claimant was said to have occasional numbness into the lateral left leg. Physical examination documented negative straight leg raising tests bilaterally, no tenderness in the sciatic notch, normal strength in the upper and lower extremities, normal reflexes bilaterally and symmetrically, and intact sensation in the lower extremities. McKenzie physical therapy, significant weight loss, and lumbar epidural steroid injection were recommended.

On 12/06/07 the claimant followed up with the physician who now noted, despite previously stating that there was no lower extremity pain, that the claimant had "continued pain down the leg" as well as "numbness of the left posterior buttock and thigh." Physical examination continued to document normal strength, normal symmetric reflexes, and no evidence of positive straight leg raising test.

On 01/31/08 the claimant followed up with the same physician who now documented pain and numbness radiating from the low back into the left leg, especially the buttock. Reflexes and strength were normal, and there was no positive straight leg raising test.

On 05/28/08 a Designated Doctor Examination was performed. He noted the claimant was taking Skelaxin, Lyrica, and tramadol, and she had no response to any treatment thus far. He noted the complaints of lumbar pain with numbness on the right leg. Pain level was said to be 8/10. Physical examination documented normal squatting and normal standing on one leg. There was no tenderness to palpation of the paraspinous muscles or of the lumbar spine. Straight leg raising supine and sitting were both normal. Sensation was normal bilaterally as were reflexes and motor strength of both lower extremities. Dr. stated the claimant had reached maximum medical improvement as of 05/28/08 with a 0% whole person impairment.

On 05/29/08 the claimant returned to the treating physician still complaining of pain radiating from the back into the right leg alternating with the left leg with numbness in the left buttock. Other than the claimant being slow to walk and complaining of numbness in the left buttock, there were no abnormalities on physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

According to ODG Treatment Guidelines, lumbar epidural steroid injections are considered medically reasonable and necessary and indicated for the treatment of nerve root compression due to disc herniation that coincides and correlates with either physical examination evidence of radiculopathy or electrodiagnostic studies demonstrating radiculopathy. This claimant's pain complaint has varied from doctor to doctor and even from visit to visit with the same doctor. She has never had consistent pain complaints with variable complaints of back pain only, back pain into the left leg, back pain into the right leg, and numbness into one or the other legs. Her physical examinations have consistently and repeatedly demonstrated no evidence of radiculopathy by virtue of negative straight leg raising tests, normal reflexes, normal sensation, and normal strength. The MRI scan shows nothing more than minor disc bulges at L4/L5 and L5/S1 with no disc herniation and no direct nerve root compression or spinal cord compression.

Therefore, per ODG Treatment Guidelines, this claimant is not an appropriate candidate for epidural steroid injections. Moreover, the request for transforaminal epidural steroid injection specifically is not medically reasonable or necessary, as there is no evidence of foraminal disc herniation or foraminal nerve root compression on the MRI scan. Given the migratory and inconsistent nature of this claimant's complaints, lack of consistent valid physical examination evidence of radiculopathy, and lack of MRI scan findings of clinical significance to justify them, the request for left transforaminal L4/L5 and L5/S1 epidural steroid injections is not medically reasonable or necessary and is not supported by ODG Treatment Guidelines. Therefore, the previous recommendations for nonauthorization are upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)